LOBBVING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY

Instructions

- Prim in lnk or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baten Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Legi	lý.	First		М		
USINESS PHO	NE ZZ	5/336-4143	2 3			22
USINESS ADD	RESS P.O.	. Box 44032, Ca	pitol Station	, Baton Ro	uge, IA 70804	
	Street an		City	State	Zip	
EMPLOYER	Self-empl	Loyed				
					(N)	
EMPLOYER'S A	ADDRESS	Special No.			tate Zir	į
			114			
			Clty		20220	
LIST BELOW (a) Names of po	all lobbying activities teore, groups, or orga	requiring registrati	on? Yes	No N/A	address of ea
LIST BELOW (a person, group, o group; (d) whet) Names of po or organization her or not the o	all lobbying activities	requiring registrations which you business each is en pays you to lobby;	on? Yes_ u are adding or gaged in or the and (e) the date	No N/A climinating; (b) the purpose or function c of formination if a	address of ea
LIST BELOW (a person, group, o group; (d) whet) Names of po or organization her or not the o	all lobbying activities teores, groups, or orga listed; (c) the type of dient or someone else	requiring registrations which you business each is en pays you to lobby;	on? Yes_ u are adding or gaged in or the and (e) the date	No N/A climinating; (b) the purpose or function c of formination if a	address of ea
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SUPPLEMENTAL REGISTRATION FORM



2. Name
Address
Business or purpose
New Representation Dues this person pay you?
If No, who pays you?
☐ Terminated Representation as of
3. Name
Address
Business or purpose
New Representation Does this person pay you?
If No, who pays you?
Terminated Representation as of
State of Louisiana
Parish of LAFAyete
NF 1 N. 45 23
Before me, the undersigned authority, personally came and appeared Randy K. Hayn'te
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and co
Signature of Lobbyist
Sworn to and subscribed before me on this 18 th day of March 19 99.
Thera M. Brece
Rev. 8/97

CLIENTS REPRESENTED BY RANDY K, HAYNIE

1. Name: American Claims Expeditors

Address: 29801 1-45 North, Suite 101

Spring, TX 77381

Business or Purpose: Auditing

New Representation: Yes

Does this person pay you? Yes

2. Name: GTX, Incorporated

Address: 600 Jefferson Street, Spite 1500

Lafayette, LA 70502

Business or Purpose: Manufacturing

New Representation: Yes

Does this person pay you? Yes

3. Name: Utility Service Company, Incomurated

Address: P.O. Box 1354

Peny, GA 31069

Business or Purpose: Contractor

New Representation: Yes

Does this person pay you? Yes

4. Name: Walton Street Capital

Address: 900 N. Michigan Avenue

Chicago, IL 60611

Business or Purpose: Investments

New Representation: Yes

Does this person pay you? Yes